

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space  
**33405**

**NOV 25 1935**

**1. PLACE OF DEATH**

County Monteaire  
Township Walker  
City California (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 08  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mauda Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 52 MONTHS \_\_\_\_\_ DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 7-3-35 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteair County

13. NAME W. H. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteair Co Mo

15. MAIDEN NAME Terminia Perminston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Joseph Venturini Centerlain

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE Oct 9 1935

19. UNDERTAKER (ADDRESS) William K. Friedman California Mo

20. FILED 10-6-35 H. R. Poppey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1935, to Oct 5, 1935

I last saw him alive on Oct 5, 1935 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer (Perforating) Date of onset 11/7/01

Other contributory causes of importance: Intestinal obstruction from peritonitis

Name of operation Laparotomy Date of 10-2-35  
What test confirmed diagnosis? Question Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) L. L. Satham, M. D.  
(Address) California no

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

